



Happy Children,
Healthy Families,
Helpful Communities

CAMHD Newsletter

Child and Adolescent Mental Health Division, Hawai'i State Department of Health

CAMHD Performance Improvement Project

Reliability and Congruence of Targets and Practices in Mental Health Assessments, Coordinated Service Plans and Treatment Plans Edited by *Mary Brogan, M.Ed.*

Each year, CAMHD conducts at least two performance improvement projects. Last year, through a collaborative effort between CAMHD's Research and Evaluation Program and the University of Hawai'i's Department of Psychology (UH), two related studies were conducted as part of this effort. The two studies both related to standard CAMHD treatment planning documents (Mental Health Assessments, Coordinated Service Plans, and Mental Health Treatment Plans).

In the first study, the reliability of a new instrument for codifying psychotherapy in terms of specific targets and practice elements (the Service Guidance Review Form; SGRF) was tested using seven Family Guidance Center (FGC) Personnel and three Graduate Assistants from the UH. The measure was based on earlier CAMHD coding systems, including the one used in the Evidence Based Services Committee (EBS) and the Monthly Treatment Progress Summaries (MTPS). The results of this study indicated that the SGRF was reliable in the contexts examined. This reliability was demonstrated at the level of

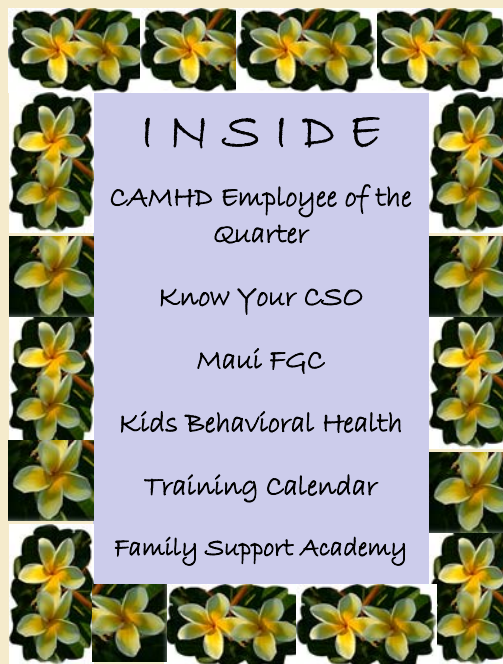
a single rater, indicating that ongoing usage of the measure by a single trained rater is possible.

The second study used reliably coded data from the first study to examine rates of congruence between practice

elements and targets recommended in one stage of treatment planning and subsequent stages. Data were analyzed in terms of how often codes were retained (recommended in both an initial and subsequent document) or dropped (recommended in an initial, but not subsequent, document). Results of this study indicated a low congruence between documents in all comparisons

made. It seems that recommendations made in one stage of planning had little influence on subsequent stages of planning. This finding was particularly striking in an analysis of several severe targets (psychosis, runaway, safe environment, self-injurious behaviors, sexual misconduct, and suicidality), which indicated that these codes in particular were generally dropped at a high rate

(Continued on page 7)





CONGRATULATIONS ROWAN TOKUNAGA

CAMHD Employee of the Quarter!

Hui Holomua is happy to announce that the recipient of the CAMHD Employee of the Quarter is Rowan Tokunaga. Rowan has been the CAMHD since September, 2001 and is the Practice Development Assistant at the *Clinical Services Office*. He was initially employed by the Research Corporation of the University Hawaii (RCUH). In July, 2004 he and several others in the RCUH joined CAMHD as employees. On June Rowan was honored with a \$50 gift card generously donated by EMT members and a certificate of appreciation signed and presented by CAMHD Division Chief, Tina Donkervoet.

Some of Rowan's contributions to CAMHD are summarized from quotes on the nomination:

"Rowan's dedication has been especially notable during the past few months. We have undergone major changes with the retiring of Dr. Alfred Arensdorf, CAMHD's Medical Director and with relocation of Vivian Walker, Practice Development Supervisor of state. Rowan has taken on many responsibilities formally handled by his supervisor and has taken initiative to make sure important activities are completed. Rowan has shown real willingness to learn new skills and to accept new assignments such as management of the CAMHD website – even though he had not experience with his type of work. More than his hard work and dedication, I really appreciate Rowan's cheerfulness and the positive attitude he brings to the office each day. We could not have sponsored the psychopharmacology conference in May without Rowan's hard work and expertise. It is a pleasure to work with someone so conscientious, willing and cheerful. Despite the much higher workload and new challenges he has taken on, he remains the most reliable, cheerful and diligent colleague one could ask for."

Interesting Notes about Rowan: He is a collector of antique Hawaiiana (specializing in coin banks, inter-island photographs, and sports memorabilia). He is also a GARAGE SALE fanatic.

PLEASE JOIN US IN CONGRATULATING ROWAN!



Do You Know Your CSO?



The Clinical Services Office (CSO) develops, implements, and oversees clinical and care coordination practice and policy for CAMHD and its contracted providers within a statewide system of care. CSO participates in the development and/or review of all clinical aspects of CAMHD documents and activities such as interagency performance standards and practice guidelines, provider contracts, policies and procedures and Request for Proposals. The two (2) organizational sections of CSO are Practice Development and Resource Management. The Practice Development section provides training and support on evidence-based clinical and care coordination practice for CAMHD staff, contracted providers for CAMHD, the staff of other State agencies, and families of special needs children and youth. The Resource Management section analyzes data and trends, determines the need for specialized services, and participates in the development and implementation of newly identified services.

Practice Development

Practice Development staff conduct systematic reviews of scientific research and local systems data and subsequently develop curricula and provide training, technical assistance and mentoring based on the findings from this data. Staff of this section also convene and participate in an interagency, interdisciplinary advisory committee on evidence-based clinical and care coordination practice and policy.

Resource Management

The function of this section is to develop a system that has the sufficient capacity to provide clinically appropriate services to Hawaii's children and youth in need of mental health services. This section performs this function through tracking the matches between children's needs and system resources. The section is designed to facilitate development activities that focus on ensuring sufficient capacity and efficient use of available resources. Resource Management staff examine patterns and trends of service delivery that identify and discourage prolonged utilization of ineffectual services, overly restrictive services, and non-evidence-based interventions. When iden-

tified, this section works to improve the capacity and structure of the system to address these areas of concern.

NOTE

The CSO extends an open invitation to anyone interested in attending CSO staff meetings. In an effort to promote collaboration, communication, and the sharing of information, CSO staff invite all provider agencies, FGC staff, or CAMHD Central Office staff to attend a meeting and become further acquainted with the roles and responsibilities of CSO. New employees can meet staff and find out how CSO works with Family Guidance Centers and provider agencies. CSO staff would also like to hear what is new in your office or agency!

Please contact Deanne Fukumoto, CSO Secretary, at 733-9855 to be included in an upcoming meeting. We look forward to seeing you soon!

CSO staff



Medical Director -John H. Viesselmann, MD
Secretary, Deanne Fukumoto

Practice Development

Behavioral Specialist, Lesley Slavin PhD
Practice Development Specialist, Rachel Beck
Practice Development Specialist, Pua Paul
Practice Development Asst, Rowan Tokunaga
MST System Supervisor, Bernie Centeio
Restraint & Seclusion Specialist, Noe Perreira
Transition Behavioral Specialist, Teru Morton
Support Staff, Liane Ikemoto, Nicole May

Resource Management

Resource Management Supervisor, Jo Ayers
Resource Mgmt Specialist, Rick Bunney
Resource Mgmt Specialist, Tani Kalahiki
Resource Mgmt Specialist, Valarie Nobriga
Support Staff, Romel Mendoza



News from

The Maui Family Guidance Center

Aloha and Mahalo! The MFGC hosted a surprise retirement luncheon for Joanie Costello, MSW, Social Worker, and Evelyn Billington, PhD, Clinical Psychologist VI, at the Maalaea Grille Restaurant on August 16, 2006. The luncheon was held in conjunction with the MFGC's Monthly All Staff Meeting.



Joanie has been with MFGC for 13 years since 10/1/93 and with the State since July 1991 when she began work at Maui CPS. Evelyn came on board with MFGC in March 1994 and has been with us for 12-1/2 years. Both Joanie and Evelyn have been mainstays at the Lahaina site of the MFGC. Their last day with MFGC was 8/31/06.

Joanie and Evelyn received as retirement gifts from the MFGC staff hand made quilted beach bags with their names stitched into them and a framed and signed photo of the MFGC staff from our recent Staff Retreat at Launiopoko Beach in Lahaina on July 20th.

During retirement, Joanie is not certain of her plans but may want to work with Spanish translation and interpretation. Evelyn will continue her private practice with adults and involvement with the Red Cross Mental Health Disaster Team and Maui VOAD.

We wish both Joanie and Evelyn the best in their well-deserved retirement! Joanie and Evelyn - May you enjoy your retirement with as much joy as you have experienced at MFGC!



MFGC staff retreat at Launiopoko Beach in Lahaina

Branch Chief, Virginia Shaw
Secretary, Marion Martinez
Clerk Typist, Marla Davis
Quality Assurance Specialist, Tina Kiyabu-Crowell
Public Health Administrative Officer, Lorilei Dunston
Clinical Director, Michael Rimm
Mental Health Supervisors:
Leo Asuncion, Michael Russell
Mental Health Care Coordinators:
Kalena Eaton, Nathan Irvine, Amy Kaufman, Andrea Moniz, Gabi Mergel-Stack, Arlene DeRouin, Melissa McOmber

EBS TIP OF THE WEEK

Week of 09-25-06

In one published trial involving Dialectical Behavior Therapy (DBT) for adolescents, DBT was found to be associated with fewer hospitalizations and greater treatment completion than usual care. However, the study groups did not involve random assignment, so the findings are provisional. Moreover, no differences were found in suicide attempts between the DBT and usual care groups. The determination of whether DBT or other interventions are effective for adolescents awaits future research involving randomized controlled designs (source: EBS Biennial Report 2004)



Network News

KIDS BEHAVIORAL HEALTH



KBH-PU'UKAMALU CULTURAL COORDINATION/FAMILY SPECIALIST IN ACTION!

By Noe Ferreira, PsyD, CAMHD Restraints & Seclusion Specialist

Have you ever seen or eaten a homemade three pound laulau? Well, if you were at the Puukamalu Ohana Luncheon in Hilo, on Friday, September 1, 2006 you would be able to answer YES! And that laulau was as big as your face!

Stephanie "Aunty Steph" Kajiya, in her new role as Family Specialist / Cultural Coordinator at Kid's Behavioral Health-Pu'ukamalu Hilo, proposed an 'ohana luncheon "to give families of the clients here [at KBH] an opportunity to spend quality time with their children; to give families an opportunity to meet the staff who work with their children; to give the clients an opportunity to participate in preparing the meal and take pride in sharing the meal with their families." The KBH-Pu'ukamalu youth and staff worked together, sent out invitations and hosted the ohana luncheon.

The Puukamalu Ohana Luncheon was a demonstration of outstanding effort and stunning success! The 'Ohana Lunch-



eon was held in the courtyard at Pu'ukamalu in Hilo. It was a festive occasion with door prizes, games and outdoor fun for everyone. In addition to the youths' family members (mothers, fathers, step-moms, brothers, sisters, and grandparents), there were folks from Hawaii Family Guidance Center, DHS, Lokahi Substance Abuse Treatment, Hilo/Hawaii Community members, Puukamalu staff as well as off-duty staff.

It had all the elements of a real ohana style luau. As we sat with the youth and "talked story" over lunch, they shared stories about how they cut tomatoes for the lomi salmon, wrapped the laulau, went mauka (towards the mountain) to pick "stuff for decorate", the boys talked about how much hard work it was to set up the tent. People talked about how they picked, washed and prepared the ti leaves for lei. Youth made lei for everyone who attended. The stalks of ti and other plants were used to decorate the tents. There was talk about using the stalks of ti to plant in the courtyard for use at

future occasions. One parent talked to me about how much she appreciated the chance to come to the luncheon. Thanks to Jacqueline Schofield, a Kauai CC, who supported this parent's travel to Hilo. Another person said "This was the best networking across agencies for me because I got to put a face to a name." One staff member said, "You know what? I had fun with ____'s family!" It was such a delight to see parents, siblings and others playing together in the yard while others sat under the tent "talking story" and enjoying dessert.

The dessert table was beautifully decorated with the school and art projects the youth had completed during school. They made 'ohe pu (bamboo sounders) that I practiced with a couple of the youth. It's no easy task to get the right tone when you blow into the bamboo. The wall behind the food



table was covered with artwork done by the youth during their art class with Ms. Fran. Staff donated their time and talents as well as loaned tables and chairs for the event. The youth, along with Serge, the recreation coordinator, called door prize ticket numbers. Family members won door prizes. There were several "Chicken skin" moments during the day. Often times we are interested in outcome data. Youth were asking, "When we going do this again?" I'd consider that comment one indicator of success!





Announcing a New Resource

For CAMHD providers, staff and others interested in training in child and adolescent mental health



The Hawaii Training Calendar

Is now available on the Internet as a central place to provide and access information about training on relevant topics. Interested providers may contact Lesley Slavin in Practice Development, 733-9358 or laslavin@camhmis.health.state.hi.us for further information on how to access the training calendar.

Guidelines for Using the Calendar

- Please remember that listings are not necessarily reviewed or endorsed by CAMHD.
- Please enter events that are open to people working in the CAMHD system (both free events or those that charge a fee are okay).
- When entering an event, please include at minimum: the title of the training, the hours, the location, and the contact information for registering. If the audience is limited to a specific professional group or groups, please specify that in the listing.

National Association for Rural Mental Health's 32nd Annual Conference in San Antonio, Texas

Dr. Michael Rimm and Virginia Shaw made a presentation at the National Association for Rural Mental Health's 32nd Annual Conference held in San Antonio, Texas, August 20-23, 2006. The conference theme was "A Transformational Journey: Crossing Boundaries...Building Bridges...Making Connections".

This transformational journey reflects the many challenges and opportunities that exist as we move toward a system where: services are consumer and family driven, disparities in mental health services are eliminated, early mental health screening, assessment, and referral to services are common practice, excellent mental health care is delivered and research is accelerated, and technology is used to access mental health care and information. The conference was an opportunity for clinicians, administrators, consumers, family members, program/service providers, researchers, policy/decision-

makers, government and private sectors to work together to cross boundaries, build bridges, and make connections toward building a better system for people with mental health and/or addiction issues.





Performance Improvement Project

(Continued from page 1)

between documents.

Recommendations for interventions to better tie assessments to CSPs to treatment plans are under formulation. One of the first things that we are doing is to disseminate the results of this important study. The full technical re

port can be found on the CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/resources/index.html> (look under Performance Improvement projects). For more information contact Mary Brogan at mbrogan@camhmis.health.state.hi.us.

The authors of the study have several recommendations for us to consider. First, they recommended that several SGRF trained personnel regularly use this measure for ongoing quality assurance in the form of routine, random document review. Quality assurance efforts using the SGRF to look at congruence in treatment planning documents will provide information useful for establishing a benchmark, might improve congruence through the process of evaluation, and will allow for the testing of congruence improvement initiatives. Once ongoing record review using the SGRF is in place it is recommended that CAMHD compare the content of recommendations made at each stage of planning with content from what is known to be efficacious from empirical literature on treatment outcome. Coordination of this research with the EBS committee, which has coded a substantial amount of treatment outcome literature using a

measure similar to the SGRF, will be essential in achieving this goal.

Finally, in terms of congruence improvement initiatives, it is recommended that subsequent studies be performed to determine the most effective and cost-efficient method of enhancing congruence in the treatment planning process.

A specific study might be to train personnel from all FGCs on the usage of the SGRF and randomly select four FGCs to receive a brief treatment planning intervention in addition to this training. For the FGCs that receive the treatment planning intervention, completed MTPSs could be attached to each treatment planning document, enabling a shorthand summary of the document's recommendations. Providers responsible for subsequent stages of planning could consult the MTPS for the previous document for information about specific techniques recommended, which may enhance congruence between stages. The other FGCs would receive each document as usual, without the benefit of the attached MTPS. All FGCs would code treatment planning documents using the SGRF at baseline and again after a suitable period (e.g., 6 months) of applying the intervention in randomly selected districts.

Comparisons between the rate of congruence among service documents in the FGCs that received the intervention to those that did not would allow insight into the effect of the intervention. These and other recommendations will be considered by CAMHD's Quality of Care Task Force.

EBS TIP OF THE WEEK

Week of 09-18-06

There is no evidence for the efficacy of case management for youths with serious emotional disturbance, as there is a lack of differences in youth functioning as compared with usual care. However, children in the case management group received services at a less restrictive level and were likely to participate in services for a longer duration. No controlled research has been conducted on more intensive case management approaches, and so their contribution to clinical outcomes awaits further investigation (source: EBS Biennial Report 2004).





Family Support 360 Academy

October 14, 2006

8:30 am—12:30 pm

**Join us in person at Windward Community College
Campus Akoakoa Building Rm. 107-109**

**Or join us by videoconference at BYU Hawaii (Laie), Maui
Community College, Kauai Community College, and
University of Hawaii-Hilo**

Family Workshop Topics

Eligibility vs. Entitlement

Next Step: Meeting Your Community Agencies

Diploma vs. Certificate

Job Search and Employment

Self Advocacy Encounter

For youth with developmental
disabilities from 14 to 21 years old

Available at Kaneohe and Hilo



Easter Seals Sibling Workshop

for age 6-12 siblings of youth with
disabilities

Available at Kauai, Kaneohe, Hilo



Collaborative Partners:

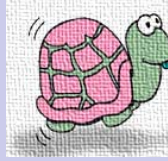


To register or for more information contact Marcus Hayden
Phone: (808) 956-2673 E-Mail: marcush@hawaii.edu

Welcome to New Staff

*Lori Yasutake — Personnel
Andrea Moniz — MFGC MHCC
Melanie Migvar — KP FGC MHCC
Kristina Lum—LOFGC CP
Stan Lagapa – LOFGC PHAO
Haunani Domingo - Hawaii FGC MHCC
Glory Guerpo - Hawaii FGC MHCC
Charlotte Kamauoha—WO FGC MHCC
Kimberly Allen—Program Monitor
Alice Min—Program Monitor
Cindy Ikeda—Performance Monitor*

Share Your News



Please share your stories of success, special events, trainings, and any other noteworthy activities that others may want to hear about. Call Ku'uilei Wilton, Provider Relations Liaison at 733-9857 or email her at hkwilton@camhmis.health.state.hi.us.



Christina M. Donkervoet, M.S.N., A.P.R.N.
Chief CAMHD

Central Oahu FGC, Alton Tamashiro, ACSW, LSW
Family Court Liaison, Rachel Guay, ACSW, LSW
Hawaii FGC – Keli Acquaro, M.A.
Honolulu FGC, Paul Rupf, M.S.
Kauai FGC, Madeleine Hiraga-Nuccio
Leeward Oahu FGC, Leonard Batungbacal, M.S.
Maui FGC, Virginia Shaw, Ph.D.
Windward Oahu FGC, Pat Harnish, Ph.D.
Performance Manager, Mary Brogan, M.Ed.
PHAO, T. Orvin Fillman, D. P.H.
Medical Director John Viesselman, M.D.

The mission of the Child and Adolescent Mental Health Division is to provide timely and effective mental health services to children and youth with emotional and behavioral challenges and their families.

*Leadership: The art of getting someone else to do something you want done because he wants to do it.
Dwight D. Eisenhower*

The CAMHD Newsletter is published bi-monthly by the Child and Adolescent Mental Health Division. It is provided for informational purposes only. Please send comments and questions to Ku'uilei Wilton, Provider Relations at (808) 733-9857 or hkwilton@camhmis.health.state.hi.us.

Please visit us on the Internet at
www.hawaii.gov/health/mental-health/camhd/index.html